

## QUARTER:

1st - - Jul, Aug, Sep \_\_\_\_\_

2nd - - Oct, Nov, Dec \_\_\_\_\_

3rd - - Jan, Feb, Mar \_\_\_\_\_

4th - - Apr, May, Jun \_\_\_\_\_

Liquidation \_\_\_\_\_

Send THREE COPIES of this report (one with an original signature) to:

**California State Library**  
**Budget office – LSTA**  
**P.O. Box 942837**  
**Sacramento, CA 94237-0001**

**California State Library****LIBRARY SERVICES AND TECHNOLOGY ACT**

LSTA Grant Award I.D.: \_\_\_\_\_

Date: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Project Title: \_\_\_\_\_

Grantee: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fiscal Agent: \_\_\_\_\_

Prepared by (Signature): \_\_\_\_\_

Approved Budget	QUARTERS				Total Expended/Encumbered
(1)	1 <sup>st</sup> (2)	2 <sup>nd</sup> (3)	3 <sup>rd</sup> (4)	4 <sup>th</sup> (5)	(6)
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____	_____
f. _____	_____	_____	_____	_____	_____
	a. Salaries and benefits		d. Equipment		
	b. Materials		e. Indirect Costs		
	c. Operating expenses		f. TOTAL		

Outstanding Encumbrances Close of 4th Quarter (7)	Liquidation of Outstanding Project End Encumbrances (8)	Unexpended/Unencumbered Balance (9)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Note that failure to submit these reports within the timelines of the grant program could jeopardize receipt of final 10% grant payment.

Any budget adjustments or modifications must be shown on LSTA 8 page 2. If there are no changes to the current budget, page 2 need not be returned.

California State Library

Library Services and Technology Act

Show approved budget modifications on this page

Project Title: \_\_\_\_\_

Grantee: \_\_\_\_\_

Grant Award I.D. \_\_\_\_\_ Approval Date of Modification: \_\_\_\_/\_\_\_\_/\_\_\_\_

<u>BUDGET CATEGORY</u>	<u>PREVIOUS BUDGET</u>	<u>BUDGET ADJUSTMENT</u>	<u>CURRENT BUDGET</u>
Salaries & Benefits	_____	_____	_____
Materials	_____	_____	_____
Operating Expenses	_____	_____	_____
Equipment	_____	_____	_____
Indirect Costs	_____	_____	_____
TOTAL	_____		_____

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If there are no changes to the current budget, page 2 need not be returned.